

South Dakota Board of Nursing

South Dakota Department of Health 722 Main Street Suite 3, Spearfish, SD 57783 (605) 642-1388; Fax: 642-1389; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel Application for Re-Approval of Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to the Spearfish BON address or fax above.

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Name of Primary Instructor: _ / acen	and the same of th	tam, 11	RNJ			
ddress: 108 w main		PO 30	× 109			
Castlewood	, 31	5722	3			
hone Number: (605) 793 - 22	,		er: (605) 79	12-21	71	
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Request re-approval using the following records using the Enrolled Student Log form 2011 SD Community Mental Health Facil Gauwitz Textbook – Administering Medil Mosby's Texbook for Medication Assista Nebraska Health Care Association (2010) We Care Online EduCare List faculty and licensure information:	n. lities (only appr cations: Pharn nts, Sorrentino () (NHCA)	roved for agencies ce nacology for Health o & Remmert (2009	rtified through the Depa n <u>Careers</u> , Gauwitz (2	artment of So 009)	cial Service	es)
clinical RN experience, and 2) attach a new	Curriculum A	pplication Form ide	entifying areas of teac RN LICENSE	ching.	e Or minin	iuiii Z
RN FACULTY/INSTRUCTOR NAME(S)	State	tate Number Expiration Date Verifica		Verificat		
Karen P Hamill	SD	R029045	8/9/15	(Completed by SDBQN)		
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